

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-1334	I	FROM 4/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 3/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 8/17/2008 TIME 13:54

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

SAINT JOSEPH MEMORIAL HOSPITAL 14-1334
FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2007 AND ENDING 3/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.


OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Controller

TITLE

August 18, 2008

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A	2	B	3
1	HOSPITAL	0	-113,098	22,394	0
3	SWING BED - SNF	0	0	0	0
100	TOTAL	0	-113,098	22,394	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 800 NORTH 2ND STREET P.O. BOX:
1.01 CITY: MURPHYSBORO STATE: IL ZIP CODE: 62966- COUNTY: JACKSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	SAINT JOSEPH MEMORIAL HOSPITAL	14-1334	2.01	5/ 1/2004	V XVIII XIX
04.00 SWING BED - SNF	SAINT JOSEPH SWING BED SNF	14-2334		5/ 1/2004	N 0 N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2007 TO: 3/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 2 Y

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	5/ 1/2004			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
			0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)						
28.03	STAFFING	%	Y/N			
28.04	RECRUITMENT	0.00%				
28.05	RETENTION	0.00%				
28.06	TRAINING	0.00%				
28.07		0.00%				
28.08		0.00%				
28.09		0.00%				
28.10		0.00%				
28.11		0.00%				
28.12		0.00%				
28.13		0.00%				
28.14		0.00%				
28.15		0.00%				
28.16		0.00%				
28.17		0.00%				
28.18		0.00%				
28.19		0.00%				
28.20		0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
MISCELLANEOUS COST REPORT INFORMATION						
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL						
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N		
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE					

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
40.01 NAME: SO. ILL. HEALTHCARE FI/CONTRACTOR NAME NATIONAL GOV'T SVCS FI/CONTRACTOR # 000131
40.02 STREET: 1239 E MAIN ST P.O. BOX: 3988
40.03 CITY: CARBONDALE STATE: IL ZIP CODE: 62902 3988
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
53.01 MDH PERIOD: BEGINNING: 4/ 1/2007 ENDING: 3/31/2008
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 512,266
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TITLE XVIII 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,150	87,357.87		2,709	230
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	25	9,150	87,357.87		2,709	230
12 TOTAL	25	9,150	87,357.87		2,709	230
13 RPCH VISITS						
25 TOTAL	25					
26 OBSERVATION BED DAYS						73
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	O/P VISITS TOTAL NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,660				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,660				
12 TOTAL			3,660				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS	11	62	584	31	553		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					747	95	1,087
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		192.79			747	95	1,087
13 RPCH VISITS							
25 TOTAL		192.79					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 890,273
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 21,829
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 912,102
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .397001
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 5,398,280

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,143,123
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	620,792
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	246,455
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	2,143,123
	(SUM OF LINES 25, 27, AND 29)	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1334
II PERIOD:
I FROM 4/ 1/2007
I TO 3/31/2008I PREPARED 8/17/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT		1,647,542	1,647,542	-801,388	846,154
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				1,192,419	1,192,419
5 0500	EMPLOYEE BENEFITS	122,712	2,718,962	2,841,674	-101,522	2,740,152
6.01 0620	DATA PROCESSING					
6.02 0630	PURCHASING, RECEIVING AND STORES		64,608	64,608		64,608
6.03 0650	CASHIERING/ACCOUNTS RECEIVABLE	339,581	37,619	377,200		377,200
6.04 0660	OTHER ADMINISTRATIVE AND GENERAL	637,903	1,495,289	2,133,192	-24,956	2,108,236
7 0700	MAINTENANCE & REPAIRS	282,209	609,554	891,763		891,763
8 0800	OPERATION OF PLANT	112,014	1,836	113,850		113,850
9 0900	LAUNDRY & LINEN SERVICE		58,180	58,180		58,180
10 1000	HOUSEKEEPING	208,389	32,731	241,120		241,120
11 1100	DIETARY	286,919	120,452	407,371	-266,828	140,543
12 1200	CAFETERIA				265,859	265,859
14 1400	NURSING ADMINISTRATION	766,495	73,191	839,686		839,686
15 1500	CENTRAL SERVICES & SUPPLY		12,156	12,156		12,156
16 1600	PHARMACY	262,290	522,338	784,628		784,628
17 1700	MEDICAL RECORDS & LIBRARY	64,864	15,776	80,640		80,640
18 1800	SOCIAL SERVICE	19,970	45	20,015		20,015
20 2000	NONPHYSICIAN ANESTHETISTS				632,164	632,164
25 2500	ADULTS & PEDIATRICS	1,803,044	247,082	2,050,126	-7,689	2,042,437
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	639,921	976,178	1,616,099	-433,321	1,182,778
38 3800	RECOVERY ROOM	135,906	2,668	138,574	-86	138,488
40 4000	ANESTHESIOLOGY	397,927	178,024	575,951	-535,008	40,943
41 4100	RADIOLOGY-DIAGNOSTIC	646,398	742,374	1,388,772	-340	1,388,432
44 4400	LABORATORY	516,520	643,915	1,160,435		1,160,435
49 4900	RESPIRATORY THERAPY	529,854	128,966	658,820	-21,819	637,001
49.01 4901	SLEEP DISORDERS	687,202	215,176	902,378		902,378
49.02 4902	GERIATRIC PSYCH		160,772	160,772		160,772
50 5000	PHYSICAL THERAPY	259,935	96,525	356,460		356,460
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				461,493	461,493
56 5600	DRUGS CHARGED TO PATIENTS				10,815	10,815
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	907,625	291,060	1,198,685	-3,718	1,194,967
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		398,662	398,662	-366,075	32,587
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	9,627,678	11,491,681	21,119,359	-0-	21,119,359
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES		18,504	18,504		18,504
98.01 9801	UNUSED SPACE					
101	TOTAL	9,627,678	11,510,185	21,137,863	-0-	21,137,863

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1334
II PERIOD:
I FROM 4/ 1/2007
I TO 3/31/2008 II PREPARED 8/17/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	30,936	877,090
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	341,060	1,533,479
5	0500 EMPLOYEE BENEFITS	-25,562	2,714,590
6.01	0620 DATA PROCESSING	588,225	588,225
6.02	0630 PURCHASING, RECEIVING AND STORES	-1,739	62,869
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	422,882	800,082
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	747,100	2,855,336
7	0700 MAINTENANCE & REPAIRS	-16	891,747
8	0800 OPERATION OF PLANT		113,850
9	0900 LAUNDRY & LINEN SERVICE		58,180
10	1000 HOUSEKEEPING		241,120
11	1100 DIETARY		140,543
12	1200 CAFETERIA	-53,079	212,780
14	1400 NURSING ADMINISTRATION		839,686
15	1500 CENTRAL SERVICES & SUPPLY		12,156
16	1600 PHARMACY		784,628
17	1700 MEDICAL RECORDS & LIBRARY	-23,090	57,550
18	1800 SOCIAL SERVICE		20,015
20	2000 NONPHYSICIAN ANESTHETISTS	-632,164	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,042,437
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,182,778
38	3800 RECOVERY ROOM		138,488
40	4000 ANESTHESIOLOGY		40,943
41	4100 RADIOLOGY-DIAGNOSTIC	-2,229	1,386,203
44	4400 LABORATORY		1,160,435
49	4900 RESPIRATORY THERAPY	-21,923	615,078
49.01	4901 SLEEP DISORDERS		902,378
49.02	4902 GERIATRIC PSYCH		160,772
50	5000 PHYSICAL THERAPY		356,460
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		461,493
56	5600 DRUGS CHARGED TO PATIENTS		10,815
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-142,962	1,052,005
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-32,587	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	1,194,852	22,314,211
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		18,504
98.01	9801 UNUSED SPACE		
101	TOTAL	1,194,852	22,332,715

----- INCREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4
1 DIETARY RECLASS	A CAFETERIA	12	187,696	78,797
2 MEDICAL SUPPLY RECLASS	B MEDICAL SUPPLIES CHARGED TO PATIENTS	55		461,493
3				
4				
5				
6				
7				
8 CRNA COST RECLASS	C NONPHYSICIAN ANESTHETISTS	20	397,927	234,237
9				
10 DEPRECIATION RECLASS	D NEW CAP REL COSTS-MVBLE EQUIP	4		1,019,455
11 INSURANCE RECLASS	E NEW CAP REL COSTS-BLDG & FIXT	3		13,726
12	NEW CAP REL COSTS-MVBLE EQUIP	4		11,230
13 I.V. SOLUTION RECLASS	F DRUGS CHARGED TO PATIENTS	56		10,815
14				
15				
16				
17				
18				
19				
20 INTEREST EXPENSE RECLASS	G NEW CAP REL COSTS-BLDG & FIXT	3		204,341
21	NEW CAP REL COSTS-MVBLE EQUIP	4		161,734
36 TOTAL RECLASSIFICATIONS			585,623	2,195,828

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141334PERIOD:
FROM 4/ 1/2007
TO 3/31/2008PREPARED 8/17/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DIETARY RECLASS	A	DIETARY	11		187,696	78,797	
2 MEDICAL SUPPLY RECLASS	B	OPERATING ROOM	37			431,562	
3		ANESTHESIOLOGY	40			3,931	
4		RESPIRATORY THERAPY	49			21,819	
5		EMERGENCY	61			1,918	
6		ADULTS & PEDIATRICS	25			1,923	
7		RADIOLOGY-DIAGNOSTIC	41			340	
8 CRNA COST RECLASS	C	ANESTHESIOLOGY	40		397,927	132,715	
9		EMPLOYEE BENEFITS	5			101,522	
10 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			1,019,455	9
11 INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.04			24,956	9
12							9
13 I.V. SOLUTION RECLASS	F	DIETARY	11			335	
14		CAFETERIA	12			634	
15		ADULTS & PEDIATRICS	25			5,766	
16		OPERATING ROOM	37			1,759	
17		RECOVERY ROOM	38			86	
18		ANESTHESIOLOGY	40			435	
19		EMERGENCY	61			1,800	
20 INTEREST EXPENSE RECLASS	G	INTEREST EXPENSE	88			366,075	9
21							9
36 TOTAL RECLASSIFICATIONS					585,623	2,195,828	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	148,117					148,117	
2	LAND IMPROVEMENTS	599,156	46,095		46,095	19,092	626,159	
3	BUILDINGS & FIXTURE	8,843,687	133,446		133,446	46,384	8,930,749	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	7,382,187	1,484,095		1,484,095	1,109,134	7,757,148	
7	SUBTOTAL	16,973,147	1,663,636		1,663,636	1,174,610	17,462,173	
8	RECONCILING ITEMS							
9	TOTAL	16,973,147	1,663,636		1,663,636	1,174,610	17,462,173	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

DESCRIPTION				COMPUTATION OF RATIOS		ALLOCATION OF OTHER CAPITAL			
				GROSS	CAPITLIZED GROSS			OTHER CAPITAL	
				ASSETS	LEASES	FOR RATIO	RATIO	INSURANCE	TAXES
				1	2	3	4	5	6
									7
									8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL						1.000000		

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL						
2	OLD CAP REL COSTS-MV						
3	NEW CAP REL COSTS-BL	877,090					877,090
4	NEW CAP REL COSTS-MV	1,533,479					1,533,479
5	TOTAL	2,410,569					2,410,569

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL						
2	OLD CAP REL COSTS-MV						
3	NEW CAP REL COSTS-BL	1,647,542					1,647,542
4	NEW CAP REL COSTS-MV						
5	TOTAL	1,647,542					1,647,542

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1334
II PERIOD: I PREPARED 8/17/2008
I FROM 4/ 1/2007 I WORKSHEET A-8
I TO 3/31/2008 I

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON		WKST.
		BASIS/CODE	WORKSHEET A TO/FROM WHICH THE		A-7
		1	AMOUNT	AMOUNT IS TO BE ADJUSTED	REF.
			2	COST CENTER	5
				3	
				LINE NO	
				4	
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
5	INVESTMENT INCOME-OTHER				
6	TRADE, QUANTITY AND TIME DISCOUNTS				
7	REFUNDS AND REBATES OF EXPENSES				
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS				
9	TELEPHONE SERVICES				
10	TELEVISION AND RADIO SERVICE				
11	PARKING LOT				
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-164,885		
13	SALE OF SCRAP, WASTE, ETC.				
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,862,009		
15	LAUNDRY AND LINEN SERVICE				
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-46,676	CAFETERIA	12
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS				
18	SALE OF MED AND SURG SUPPLIES				
19	SALE OF DRUGS TO OTHER THAN PATIENTS				
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-23,090	MEDICAL RECORDS & LIBRARY	17
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)				
22	VENDING MACHINES	B	-6,403	CAFETERIA	12
23	INCOME FROM IMPOSITION OF INTEREST				
24	INTRST EXP ON MEDICARE OVERPAYMENTS				
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3			
28	UTILIZATION REVIEW-PHYSICIAN COMP			**COST CENTER DELETED**	89
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
33	NON-PHYSICIAN ANESTHETIST	A	-632,164	NONPHYSICIAN ANESTHETISTS	20
34	PHYSICIANS' ASSISTANT				
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52
37	PURCHASE DISCOUNT	B	-1,739	PURCHASING, RECEIVING AND	6.02
38	EMPLOYEE OUTPATIENT INSURANCE PAYMEN	B	-597,523	EMPLOYEE BENEFITS	5
39	LOBBYING EXPENSES	A	-9,160	OTHER ADMINISTRATIVE AND	6.04
40	UNRESTRICTED INTEREST REVENUE	B	-23,165	OTHER ADMINISTRATIVE AND	6.04
41	PERSONAL USE OF PROVIDER VEHICLES	A	-7,583	OTHER ADMINISTRATIVE AND	6.04
42	LEASEHOLD REVENUE	B	-10,362	NEW CAP REL COSTS-BLDG &	3
43	DONATIONS	A	-2,902	OTHER ADMINISTRATIVE AND	6.04
44	CABLE TV	A	-5,332	OTHER ADMINISTRATIVE AND	6.04
45	XRAY FILM REVENUE	B	-2,229	RADIOLOGY-DIAGNOSTIC	41
46	LOAN FORGIVENESS	A	-101,180	OTHER ADMINISTRATIVE AND	6.04
47	LOBBYING EXPENSES	A	-161	OTHER ADMINISTRATIVE AND	6.04
48	NONALLOWABLE INTEREST REVENUE	B	-32,587	INTEREST EXPENSE	88
49	VENDING MACHINES	B	-16	MAINTENANCE & REPAIRS	7
50	TOTAL (SUM OF LINES 1 THRU 49)		1,194,852		

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE COST	41,298		41,298	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE COST	341,060		341,060	9
3	5	EMPLOYEE BENEFITS HOME OFFICE COST	571,961		571,961	
4	6	1 DATA PROCESSING HOME OFFICE COST	588,225		588,225	
4.01	6	3 CASHIERING/ACCOUNTS RECEI HOME OFFICE COST	422,882		422,882	
4.02	6	4 OTHER ADMINISTRATIVE AND HOME OFFICE COST	896,583		896,583	
5		TOTALS	2,862,009		2,862,009	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSPITAL SVCS.		100.00	
2	B	SO. ILL. HEALTHCARE ENTER		100.00	
3	B	HEALTH SVCS. OF SO. ILL.		100.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	61	LEGATUS	142,962	142,962					
2	44	SO. ILL. PATHOLOGY	40,000		40,000				
3	49	PRAIRIE CARDIO/DR. BLAIS	24,281	21,923	2,358				
4	49 1	DR. BROWN	24,000		24,000				
5									
6									
7									
8									
9									
10									
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17									
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21									
22									
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24									
25									
26									
27									
28									
29									
30									
101		TOTAL	231,243	164,885	66,358				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	LEGATUS							142,962
2 44	SO. ILL. PATHOLOGY							
3 49	PRAIRIE CARDIO/DR,. BLAIS							21,923
4 49 1	DR. BROWN							
5								
6								
7								
8								
9								
10								
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14								
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18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							164,885

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:

I 14-1334

I PERIOD:

I FROM 4/ 1/2007

I TO 3/31/2008

I PREPARED 8/17/2008

I WORKSHEET B

I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE DATA FITS	PROCESSI NG
		0	1	2	3	4	5
001 GENERAL SERVICE COST CNTR							6.01
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	877,090			877,090			
005 NEW CAP REL COSTS-MVBLE E	1,533,479				1,533,479		
006 EMPLOYEE BENEFITS	2,714,590			7,098	12,411	2,734,099	
006 01 DATA PROCESSING	588,225			1,871	3,271		593,367
006 02 PURCHASING, RECEIVING AND	62,869			5,882	10,284		4,530
006 03 CASHIERING/ACCOUNTS RECEI	800,082			23,845	41,689	101,948	49,825
006 04 OTHER ADMINISTRATIVE AND	2,855,336			152,892	267,307	191,510	99,646
007 MAINTENANCE & REPAIRS	891,747			1,824	3,190	84,724	13,589
008 OPERATION OF PLANT	113,850			92,279	161,338	33,629	9,059
009 LAUNDRY & LINEN SERVICE	58,180			9,355	16,357		
010 HOUSEKEEPING	241,120			4,479	7,831	62,562	4,530
011 DIETARY	140,543			37,842	66,163	29,789	13,589
012 CAFETERIA	212,780			25,295	44,224	56,350	
014 NURSING ADMINISTRATION	839,686			13,612	23,799	230,116	40,766
015 CENTRAL SERVICES & SUPPLY	12,156			7,204	12,595		
016 PHARMACY	784,628			5,870	10,264	78,744	13,589
017 MEDICAL RECORDS & LIBRARY	57,550			6,467	11,307	19,473	40,766
018 SOCIAL SERVICE	20,015			2,269	3,966	5,995	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,042,437			137,314	240,075	541,309	36,236
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,182,778			101,716	177,838	192,116	27,177
038 RECOVERY ROOM	138,488			6,221	10,877	40,801	
040 ANESTHESIOLOGY	40,943			748	1,309		4,530
041 RADIOLOGY-DIAGNOSTIC	1,386,203			48,426	84,666	194,060	54,354
044 LABORATORY	1,160,435			32,662	57,105	155,069	40,766
049 RESPIRATORY THERAPY	615,078			31,048	54,284	159,072	36,236
049 01 SLEEP DISORDERS	902,378			69,475	121,469	206,310	45,295
049 02 GERIATRIC PSYCH	160,772			6,455	11,286		18,118
050 PHYSICAL THERAPY	356,460					78,037	9,059
055 MEDICAL SUPPLIES CHARGED	461,493						
056 DRUGS CHARGED TO PATIENTS	10,815						
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,052,005			30,347	53,057	272,485	31,707
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	22,314,211			862,496	1,507,962	2,734,099	593,367
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,596	4,539		
098 PHYSICIANS' PRIVATE OFFIC	18,504			11,741	20,528		
098 01 UNUSED SPACE				257	450		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	22,332,715			877,090	1,533,479	2,734,099	593,367

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND CASHIERING/ACCOUNTS RECEIVABLE		SUBTOTAL 6a.03	OTHER ADMINISTRATIVE AND 6.04	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
	6.02	6.03					
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND	83,565						
006 03 CASHIERING/ACCOUNTS RECEI	1,858	1,019,247					
006 04 OTHER ADMINISTRATIVE AND			3,566,691	3,566,691			
007 MAINTENANCE & REPAIRS			995,074	189,125	1,184,199		
008 OPERATION OF PLANT	13		410,168	77,957	159,836	647,961	
009 LAUNDRY & LINEN SERVICE	12		83,904	15,947	16,204	10,250	126,305
010 HOUSEKEEPING	1		320,523	60,919	7,758	4,907	481
011 DIETARY	65		287,991	54,736	65,547	41,462	512
012 CAFETERIA	123		338,772	64,387	43,813	27,714	
014 NURSING ADMINISTRATION	49		1,148,028	218,195	23,577	14,914	
015 CENTRAL SERVICES & SUPPLY	180		32,135	6,108	12,477	7,893	
016 PHARMACY			893,095	169,743	10,168	6,432	
017 MEDICAL RECORDS & LIBRARY	1,305		136,868	26,013	11,201	7,085	
018 SOCIAL SERVICE			32,245	6,129	3,930	2,486	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,031	76,508	3,091,910	587,653	237,841	150,445	54,087
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,896	117,889	1,832,410	348,270	176,183	111,444	16,493
038 RECOVERY ROOM	419	29,503	226,309	43,013	10,776	6,816	5,679
040 ANESTHESIOLOGY	3,472	9,289	60,291	11,459	1,296	820	
041 RADIOLOGY-DIAGNOSTIC	2,033	197,679	1,967,421	373,930	83,878	53,057	10,506
044 LABORATORY	4,846	208,921	1,659,804	315,464	56,574	35,786	
049 RESPIRATORY THERAPY	2,049	34,046	931,813	177,101	53,778	34,018	432
049 01 SLEEP DISORDERS	996	114,988	1,460,911	277,662	120,338	76,120	13,709
049 02 GERIATRIC PSYCH	4	4,463	201,098	38,221	11,181	7,073	
050 PHYSICAL THERAPY	680	21,680	465,916	88,552			586
055 MEDICAL SUPPLIES CHARGED		70,501	531,994	101,111			
056 DRUGS CHARGED TO PATIENTS		53,217	64,032	12,170			
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	14,533	80,563	1,534,697	291,686	52,563	33,249	23,820
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS	83,565	1,019,247	22,274,100	3,555,551	1,158,919	631,971	126,305
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			7,135	1,356	4,497	2,844	
098 PHYSICIANS' PRIVATE OFFIC			50,773	9,650	20,337	12,864	
098 01 UNUSED SPACE			707	134	446	282	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	83,565	1,019,247	22,332,715	3,566,691	1,184,199	647,961	126,305

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 PURCHASING, RECEIVING AND							
006	03 CASHIERING/ACCOUNTS RECEI							
006	04 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	394,588						
011	DIETARY	1,571	451,819					
012	CAFETERIA	5,499		480,185				
014	NURSING ADMINISTRATION	1,833		42,369	1,448,916			
015	CENTRAL SERVICES & SUPPLY					58,613		
016	PHARMACY	8,117		14,123	78,584		1,180,262	
017	MEDICAL RECORDS & LIBRARY			10,592				191,759
018	SOCIAL SERVICE	1,047		3,531				
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	214,704	451,819	127,107	736,373	244	14,078	110,874
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	48,178		38,838	233,512	54,812	4,295	30,900
038	RECOVERY ROOM	4,975		7,062	45,399		210	
040	ANESTHESIOLOGY	786		7,062	42,120	499	1,062	
041	RADIOLOGY-DIAGNOSTIC	11,783		42,369		43		9,088
044	LABORATORY	13,616		35,308				909
049	RESPIRATORY THERAPY	13,616		35,308		2,771		
049	01 SLEEP DISORDERS	42,156		45,900				
049	02 GERIATRIC PSYCH	1,309						
050	PHYSICAL THERAPY			17,654				
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS						1,156,222	
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	25,398		52,962	312,928	244	4,395	39,988
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	394,588	451,819	480,185	1,448,916	58,613	1,180,262	191,759
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 UNUSED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	394,588	451,819	480,185	1,448,916	58,613	1,180,262	191,759

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
		18	20	25		27
001	GENERAL SERVICE COST CNTR					
002	OLD CAP REL COSTS-BLDG &					
003	OLD CAP REL COSTS-MVBLE E					
004	NEW CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-MVBLE E					
006	EMPLOYEE BENEFITS					
006 01	DATA PROCESSING					
006 02	PURCHASING, RECEIVING AND					
006 03	CASHIERING/ACCOUNTS RECEI					
006 04	OTHER ADMINISTRATIVE AND					
007	MAINTENANCE & REPAIRS					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE	49,368				
020	NONPHYSICIAN ANESTHETISTS					
025	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	49,368		5,826,503		5,826,503
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			2,895,335		2,895,335
038	RECOVERY ROOM			350,239		350,239
040	ANESTHESIOLOGY			125,395		125,395
041	RADIOLOGY-DIAGNOSTIC			2,552,075		2,552,075
044	LABORATORY			2,117,461		2,117,461
049	RESPIRATORY THERAPY			1,248,837		1,248,837
049 01	SLEEP DISORDERS			2,036,796		2,036,796
049 02	GERIATRIC PSYCH			258,882		258,882
050	PHYSICAL THERAPY			572,708		572,708
055	MEDICAL SUPPLIES CHARGED			633,105		633,105
056	DRUGS CHARGED TO PATIENTS			1,232,424		1,232,424
	OUTPAT SERVICE COST CNTRS					
061	EMERGENCY			2,371,930		2,371,930
062	OBSERVATION BEDS (NON-DIS					
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS	49,368		22,221,690		22,221,690
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			15,832		15,832
098	PHYSICIANS' PRIVATE OFFIC			93,624		93,624
098 01	UNUSED SPACE			1,569		1,569
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	49,368		22,332,715		22,332,715

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-1334

I

I PERIOD:

I FROM 4/ 1/2007

I TO 3/31/2008

I PREPARED 8/17/2008

I WORKSHEET B

I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				7,098	12,411	19,509	19,509
006	01 DATA PROCESSING				1,871	3,271	5,142	
006	02 PURCHASING, RECEIVING AND				5,882	10,284	16,166	
006	03 CASHIERING/ACCOUNTS RECEI				23,845	41,689	65,534	727
006	04 OTHER ADMINISTRATIVE AND				152,892	267,307	420,199	1,366
007	MAINTENANCE & REPAIRS				1,824	3,190	5,014	604
008	OPERATION OF PLANT				92,279	161,338	253,617	240
009	LAUNDRY & LINEN SERVICE				9,355	16,357	25,712	
010	HOUSEKEEPING				4,479	7,831	12,310	446
011	DIETARY				37,842	66,163	104,005	213
012	CAFETERIA				25,295	44,224	69,519	402
014	NURSING ADMINISTRATION				13,612	23,799	37,411	1,642
015	CENTRAL SERVICES & SUPPLY				7,204	12,595	19,799	
016	PHARMACY				5,870	10,264	16,134	562
017	MEDICAL RECORDS & LIBRARY				6,467	11,307	17,774	139
018	SOCIAL SERVICE				2,269	3,966	6,235	43
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				137,314	240,075	377,389	3,864
025	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				101,716	177,838	279,554	1,371
038	RECOVERY ROOM				6,221	10,877	17,098	291
040	ANESTHESIOLOGY				748	1,309	2,057	
041	RADIOLOGY-DIAGNOSTIC				48,426	84,666	133,092	1,385
044	LABORATORY				32,662	57,105	89,767	1,106
049	RESPIRATORY THERAPY				31,048	54,284	85,332	1,135
049	01 SLEEP DISORDERS				69,475	121,469	190,944	1,472
049	02 GERIATRIC PSYCH				6,455	11,286	17,741	
050	PHYSICAL THERAPY							557
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY				30,347	53,057	83,404	1,944
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				862,496	1,507,962	2,370,458	19,509
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				2,596	4,539	7,135	
098	PHYSICIANS' PRIVATE OFFIC				11,741	20,528	32,269	
098	01 UNUSED SPACE				257	450	707	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				877,090	1,533,479	2,410,569	19,509

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-1334

I PERIOD:

I FROM 4/ 1/2007

I TO 3/31/2008

I PREPARED 8/17/2008

I WORKSHEET B

I PART III

COST CENTER DESCRIPTION		DATA PROCESSI NG	PURCHASING, R ECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		6.01	6.02	6.03	6.04	7	8	9
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING	5,142						
006	02 PURCHASING, RECEIVING AND	39	16,205					
006	03 CASHIERING/ACCOUNTS RECEI	432	360	67,053				
006	04 OTHER ADMINISTRATIVE AND	862			422,427			
007	MAINTENANCE & REPAIRS	118			22,399	28,135		
008	OPERATION OF PLANT	79	2		9,233	3,798	266,969	
009	LAUNDRY & LINEN SERVICE		2		1,889	385	4,223	32,211
010	HOUSEKEEPING	39			7,215	184	2,022	123
011	DIETARY	118	13		6,483	1,557	17,083	131
012	CAFETERIA		24		7,626	1,041	11,418	
014	NURSING ADMINISTRATION	353	9		25,842	560	6,145	
015	CENTRAL SERVICES & SUPPLY		35		723	296	3,252	
016	PHARMACY	118			20,104	242	2,650	
017	MEDICAL RECORDS & LIBRARY	353	253		3,081	266	2,919	
018	SOCIAL SERVICE				726	93	1,024	
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	314	3,497	5,032	69,601	5,650	61,987	13,793
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	236	6,381	7,754	41,248	4,186	45,917	4,206
038	RECOVERY ROOM		81	1,941	5,094	256	2,808	1,448
040	ANESTHESIOLOGY	39	673	611	1,357	31	338	
041	RADIOLOGY-DIAGNOSTIC	471	394	13,002	44,287	1,993	21,860	2,679
044	LABORATORY	353	940	13,755	37,362	1,344	14,744	
049	RESPIRATORY THERAPY	314	397	2,239	20,975	1,278	14,016	110
049	01 SLEEP DISORDERS	393	193	7,563	32,885	2,859	31,362	3,496
049	02 GERIATRIC PSYCH	157	1	294	4,527	266	2,914	
050	PHYSICAL THERAPY	79	132	1,426	10,488			150
055	MEDICAL SUPPLIES CHARGED			4,637	11,975			
056	DRUGS CHARGED TO PATIENTS			3,500	1,441			
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	275	2,818	5,299	34,546	1,249	13,699	6,075
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	5,142	16,205	67,053	421,107	27,534	260,381	32,211
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				161	107	1,172	
098	PHYSICIANS' PRIVATE OFFIC				1,143	483	5,300	
098	01 UNUSED SPACE				16	11	116	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	5,142	16,205	67,053	422,427	28,135	266,969	32,211

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 PURCHASING, RECEIVING AND							
006	03 CASHIERING/ACCOUNTS RECEI							
006	04 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	22,339						
011	DIETARY	89	129,692					
012	CAFETERIA	311		90,341				
014	NURSING ADMINISTRATION	104		7,971	80,037			
015	CENTRAL SERVICES & SUPPLY					24,105		
016	PHARMACY	460		2,657	4,341		47,268	
017	MEDICAL RECORDS & LIBRARY			1,993				26,778
018	SOCIAL SERVICE	59		664				
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	12,154	129,692	23,913	40,676	100	564	15,483
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,728		7,307	12,899	22,542	172	4,315
038	RECOVERY ROOM	282		1,329	2,508		8	
040	ANESTHESIOLOGY	44		1,329	2,327	205	43	
041	RADIOLOGY-DIAGNOSTIC	667		7,971		18		1,269
044	LABORATORY	771		6,643				127
049	RESPIRATORY THERAPY	771		6,643		1,140		
049	01 SLEEP DISORDERS	2,387		8,636				
049	02 GERIATRIC PSYCH	74						
050	PHYSICAL THERAPY			3,321				
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS						46,305	
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,438		9,964	17,286	100	176	5,584
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	22,339	129,692	90,341	80,037	24,105	47,268	26,778
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 UNUSED SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	22,339	129,692	90,341	80,037	24,105	47,268	26,778

	COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	20	25	26	27
001	GENERAL SERVICE COST CNTR					
002	OLD CAP REL COSTS-BLDG &					
003	OLD CAP REL COSTS-MVBLE E					
004	NEW CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-MVBLE E					
006	EMPLOYEE BENEFITS					
006	01 DATA PROCESSING					
006	02 PURCHASING, RECEIVING AND					
006	03 CASHIERING/ACCOUNTS RECEI					
006	04 OTHER ADMINISTRATIVE AND					
007	MAINTENANCE & REPAIRS					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE	8,844				
020	NONPHYSICIAN ANESTHETISTS					
025	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	8,844		772,553		772,553
037	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			440,816		440,816
038	RECOVERY ROOM			33,144		33,144
040	ANESTHESIOLOGY			9,054		9,054
041	RADIOLOGY-DIAGNOSTIC			229,088		229,088
044	LABORATORY			166,912		166,912
049	RESPIRATORY THERAPY			134,350		134,350
049	01 SLEEP DISORDERS			282,190		282,190
049	02 GERIATRIC PSYCH			25,974		25,974
050	PHYSICAL THERAPY			16,153		16,153
055	MEDICAL SUPPLIES CHARGED			16,612		16,612
056	DRUGS CHARGED TO PATIENTS			51,246		51,246
061	OUTPAT SERVICE COST CNTRS					
061	EMERGENCY			183,857		183,857
062	OBSERVATION BEDS (NON-DIS					
062	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS	8,844		2,361,949		2,361,949
096	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			8,575		8,575
098	PHYSICIANS' PRIVATE OFFIC			39,195		39,195
098	01 UNUSED SPACE			850		850
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	8,844		2,410,569		2,410,569

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I PERIOD:

I PREPARED 8/17/2008

I 14-1334

I FROM 4/ 1/2007

I WORKSHEET B-1

I

I TO 3/31/2008

I

COST CENTER DESCRIPTION		OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE E	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE E	C EMPLOYEE BENE FITS	DATA PROCESSI NG	
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF CS)	P)
		1	2	3	4	5	6.01	
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD	75,002						
003	OLD CAP REL COSTS-MVB		75,002					
004	NEW CAP REL COSTS-BLD			75,002				
005	NEW CAP REL COSTS-MVB				75,002			
006	EMPLOYEE BENEFITS	607	607	607	607	9,107,039		
006 01	DATA PROCESSING	160	160	160	160			131
006 02	PURCHASING, RECEIVING	503	503	503	503			1
006 03	CASHIERING/ACCOUNTS R	2,039	2,039	2,039	2,039	339,581		11
006 04	OTHER ADMINISTRATIVE	13,074	13,074	13,074	13,074	637,903		22
007	MAINTENANCE & REPAIRS	156	156	156	156	282,209		3
008	OPERATION OF PLANT	7,891	7,891	7,891	7,891	112,014		2
009	LAUNDRY & LINEN SERVI	800	800	800	800			
010	HOUSEKEEPING	383	383	383	383	208,389		1
011	DIETARY	3,236	3,236	3,236	3,236	99,223		3
012	CAFETERIA	2,163	2,163	2,163	2,163	187,696		
014	NURSING ADMINISTRATIO	1,164	1,164	1,164	1,164	766,495		9
015	CENTRAL SERVICES & SU	616	616	616	616			
016	PHARMACY	502	502	502	502	262,290		3
017	MEDICAL RECORDS & LIB	553	553	553	553	64,864		9
018	SOCIAL SERVICE	194	194	194	194	19,970		
020	NONPHYSICIAN ANESTHET							
025	INPAT ROUTINE SRVC CN							
	ADULTS & PEDIATRICS	11,742	11,742	11,742	11,742	1,803,044		8
037	ANCILLARY SRVC COST C							
038	OPERATING ROOM	8,698	8,698	8,698	8,698	639,921		6
040	RECOVERY ROOM	532	532	532	532	135,906		
041	ANESTHESIOLOGY	64	64	64	64			1
044	RADIOLOGY-DIAGNOSTIC	4,141	4,141	4,141	4,141	646,398		12
049	LABORATORY	2,793	2,793	2,793	2,793	516,520		9
049 01	RESPIRATORY THERAPY	2,655	2,655	2,655	2,655	529,854		8
049 02	SLEEP DISORDERS	5,941	5,941	5,941	5,941	687,202		10
050	GERIATRIC PSYCH	552	552	552	552			4
055	PHYSICAL THERAPY					259,935		2
056	MEDICAL SUPPLIES CHAR							
	DRUGS CHARGED TO PATI							
061	OUTPAT SERVICE COST C							
062	EMERGENCY	2,595	2,595	2,595	2,595	907,625		7
095	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
096	SUBTOTALS	73,754	73,754	73,754	73,754	9,107,039		131
098	NONREIMBURS COST CENT							
098 01	GIFT, FLOWER, COFFEE	222	222	222	222			
101	PHYSICIANS' PRIVATE O	1,004	1,004	1,004	1,004			
102	UNUSED SPACE	22	22	22	22			
103	CROSS FOOT ADJUSTMENT							
104	NEGATIVE COST CENTER							
105	COST TO BE ALLOCATED			877,090	1,533,479	2,734,099	593,367	
106	(WRKSHT B, PART I)							
107	UNIT COST MULTIPLIER			11.694221		.300218		
108	(WRKSHT B, PT I)				20.445841		4,529.519084	
109	COST TO BE ALLOCATED							
110	(WRKSHT B, PART II)							
111	UNIT COST MULTIPLIER							
112	(WRKSHT B, PT II)							
113	COST TO BE ALLOCATED					19,509	5,142	
114	(WRKSHT B, PART III)							
115	UNIT COST MULTIPLIER					.002142		
116	(WRKSHT B, PT III)						39.251908	

I PROVIDER NO:

I PERIOD:

I PREPARED 8/17/2008

COST ALLOCATION - STATISTICAL BASIS

I 14-1334

I FROM 4/ 1/2007

I WORKSHEET B-1

I

I TO 3/31/2008

I

COST CENTER DESCRIPTION		PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		(PURCHASING SUPPLIES	(GROSS REVENUE	(RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY
		6.02	6.03	6a.04	6.04	7	8	9
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 PURCHASING, RECEIVING	442,948						
006	03 CASHIERING/ACCOUNTS R	9,851	57,152,714					
006	04 OTHER ADMINISTRATIVE			-3,566,691	18,766,024			
007	MAINTENANCE & REPAIRS				995,074	58,463		
008	OPERATION OF PLANT	67			410,168	7,891	50,572	
009	LAUNDRY & LINEN SERVI	62			83,904	800	800	20,462
010	HOUSEKEEPING	3			320,523	383	383	78
011	DIETARY	344			287,991	3,236	3,236	83
012	CAFETERIA	650			338,772	2,163	2,163	
014	NURSING ADMINISTRATIO	258			1,148,028	1,164	1,164	
015	CENTRAL SERVICES & SU	953			32,135	616	616	
016	PHARMACY				893,095	502	502	
017	MEDICAL RECORDS & LIB	6,920			136,868	553	553	
018	SOCIAL SERVICE				32,245	194	194	
020	NONPHYSICIAN ANESTHET							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	95,577	4,290,004		3,091,910	11,742	11,742	8,762
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	174,377	6,610,333		1,832,410	8,698	8,698	2,672
038	RECOVERY ROOM	2,220	1,654,329		226,309	532	532	920
040	ANESTHESIOLOGY	18,402	520,834		60,291	64	64	
041	RADIOLOGY-DIAGNOSTIC	10,778	11,084,404		1,967,421	4,141	4,141	1,702
044	LABORATORY	25,687	11,715,527		1,659,804	2,793	2,793	
049	RESPIRATORY THERAPY	10,859	1,909,045		931,813	2,655	2,655	70
049	01 SLEEP DISORDERS	5,281	6,447,704		1,460,911	5,941	5,941	2,221
049	02 GERIATRIC PSYCH	21	250,248		201,098	552	552	
050	PHYSICAL THERAPY	3,603	1,215,663		465,916			95
055	MEDICAL SUPPLIES CHAR		3,953,188		531,994			
056	DRUGS CHARGED TO PATI		2,984,037		64,032			
	OUTPAT SERVICE COST C							
061	EMERGENCY	77,035	4,517,398		1,534,697	2,595	2,595	3,859
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	442,948	57,152,714	-3,566,691	18,707,409	57,215	49,324	20,462
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE				7,135	222	222	
098	PHYSICIANS' PRIVATE O				50,773	1,004	1,004	
098	01 UNUSED SPACE				707	22	22	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	83,565	1,019,247		3,566,691	1,184,199	647,961	126,305
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.017834		.190061		12.812643	
	(WRKSHT B, PT I)	.188656				20.255529		6.172662
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	16,205	67,053		422,427	28,135	266,969	32,211
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.001173		.022510		5.278988	
	(WRKSHT B, PT III)	.036584				.481245		1.574186

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMIN ISTRATION (DIRECT URSING HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (TIME)PENT)
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING							
006 03 CASHIERING/ACCOUNTS R							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	1,507						
011 DIETARY	6	16,579					
012 CAFETERIA	21		136				
014 NURSING ADMINISTRATIO	7		12	148,055			
015 CENTRAL SERVICES & SU					461,493		
016 PHARMACY	31		4	8,030		483,418	
017 MEDICAL RECORDS & LIB			3				211
018 SOCIAL SERVICE	4		1				
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN	820	16,579	36	75,245	1,923	5,766	122
037 ADULTS & PEDIATRICS							
038 ANCILLARY SRVC COST C	184		11	23,861	431,562	1,759	34
040 OPERATING ROOM	19		2	4,639		86	
041 RECOVERY ROOM	3		2	4,304	3,931	435	
044 RADIOLOGY-DIAGNOSTIC	45		12		340		10
049 LABORATORY	52		10				1
049 RESPIRATORY THERAPY	52		10		21,819		
049 01 SLEEP DISORDERS	161		13				
049 02 GERIATRIC PSYCH	5						
050 PHYSICAL THERAPY			5				
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI						473,572	
061 OUTPAT SERVICE COST C							
062 EMERGENCY	97		15	31,976	1,918	1,800	44
095 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
SUBTOTALS	1,507	16,579	136	148,055	461,493	483,418	211
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
098 01 PHYSICIANS' PRIVATE O							
101 UNUSED SPACE							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	394,588	451,819	480,185	1,448,916	58,613	1,180,262	191,759
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		27.252488		9.786336		2.441494	
(WRKSHT B, PT I)	261.836762		3,530.772059		.127007		908.810427
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	22,339	129,692	90,341	80,037	24,105	47,268	26,778
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		7.822667		.540590		.097779	
(WRKSHT B, PT III)	14.823490		664.272059		.052233		126.909953

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-1334

I

I PERIOD:

I FROM 4/ 1/2007

I TO 3/31/2008

I PREPARED 8/17/2008

I WORKSHEET B-1

I

COST CENTER DESCRIPTION		SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
(PATIENT AYS		D()	ASSIGNED TIME)
	GENERAL SERVICE COST	18	20
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	01 DATA PROCESSING		
006	02 PURCHASING, RECEIVING		
006	03 CASHIERING/ACCOUNTS R		
006	04 OTHER ADMINISTRATIVE		
007	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
018	SOCIAL SERVICE	3,660	
020	NONPHYSICIAN ANESTHET		100
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	3,660	
	ANCILLARY SRVC COST C		
	OPERATING ROOM		
037	RECOVERY ROOM		
038	ANESTHESIOLOGY		100
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		
049	RESPIRATORY THERAPY		
049	01 SLEEP DISORDERS		
049	02 GERIATRIC PSYCH		
050	PHYSICAL THERAPY		
055	MEDICAL SUPPLIES CHAR		
056	DRUGS CHARGED TO PATI		
	OUTPAT SERVICE COST C		
061	EMERGENCY		
062	OBSERVATION BEDS (NON		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	3,660	100
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
098	01 UNUSED SPACE		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	49,368	
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		
	(WRKSHT B, PT I)	13.488525	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED	8,844	
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		
	(WRKSHT B, PT III)	2.416393	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO:

I 14-1334

I

I PERIOD:

I FROM 4/ 1/2007

I TO 3/31/2008

I PREPARED 8/17/2008

I WORKSHEET C

I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,826,503		5,826,503		
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	2,895,335		2,895,335		
40	RECOVERY ROOM	350,239		350,239		
41	ANESTHESIOLOGY	125,395		125,395		
44	RADIOLOGY-DIAGNOSTIC	2,552,075		2,552,075		
49	LABORATORY	2,117,461		2,117,461		
49	RESPIRATORY THERAPY	1,248,837		1,248,837		
49 01	SLEEP DISORDERS	2,036,796		2,036,796		
49 02	GERIATRIC PSYCH	258,882		258,882		
50	PHYSICAL THERAPY	572,708		572,708		
55	MEDICAL SUPPLIES CHARGED	633,105		633,105		
56	DRUGS CHARGED TO PATIENTS	1,232,424		1,232,424		
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY	2,371,930		2,371,930		
	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	801,762		801,762		
101	SUBTOTAL	23,023,452		23,023,452		
102	LESS OBSERVATION BEDS	801,762		801,762		
103	TOTAL	22,221,690		22,221,690		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	2,895,335	440,816	2,454,519			2,895,335
38	OPERATING ROOM	350,239	33,144	317,095			350,239
40	ANESTHESIOLOGY	125,395	9,054	116,341			125,395
41	RADIOLOGY-DIAGNOSTIC	2,552,075	229,088	2,322,987			2,552,075
44	LABORATORY	2,117,461	166,912	1,950,549			2,117,461
49	RESPIRATORY THERAPY	1,248,837	134,350	1,114,487			1,248,837
49 01	SLEEP DISORDERS	2,036,796	282,190	1,754,606			2,036,796
49 02	GERIATRIC PSYCH	258,882	25,974	232,908			258,882
50	PHYSICAL THERAPY	572,708	16,153	556,555			572,708
55	MEDICAL SUPPLIES CHARGED	633,105	16,612	616,493			633,105
56	DRUGS CHARGED TO PATIENTS	1,232,424	51,246	1,181,178			1,232,424
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	2,371,930	183,857	2,188,073			2,371,930
	OBSERVATION BEDS (NON-DIS	801,762		801,762			801,762
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,196,949	1,589,396	15,607,553			17,196,949
102	LESS OBSERVATION BEDS	801,762		801,762			801,762
103	TOTAL	16,395,187	1,589,396	14,805,791			16,395,187

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	6,348,573	.456061	.456061
38	RECOVERY ROOM	1,571,527	.222865	.222865
40	ANESTHESIOLOGY	505,465	.248079	.248079
41	RADIOLOGY-DIAGNOSTIC	10,893,061	.234284	.234284
44	LABORATORY	11,541,547	.183464	.183464
49	RESPIRATORY THERAPY	1,895,242	.658933	.658933
49 01	SLEEP DISORDERS	6,237,376	.326547	.326547
49 02	GERIATRIC PSYCH	250,248	1.034502	1.034502
50	PHYSICAL THERAPY	1,194,920	.479286	.479286
55	MEDICAL SUPPLIES CHARGED	3,843,613	.164716	.164716
56	DRUGS CHARGED TO PATIENTS	2,959,209	.416471	.416471
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,453,094	.532648	.532648
62	OBSERVATION BEDS (NON-DIS	556,445	1.440865	1.440865
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	52,250,320		
102	LESS OBSERVATION BEDS	556,445		
103	TOTAL	51,693,875		

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

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I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
I 14-1334 I FROM 4/ 1/2007 I WORKSHEET C
I I TO 3/31/2008 I PART V

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	2,895,335		2,895,335	6,348,573			
40	RECOVERY ROOM	350,239		350,239	1,571,527			
41	ANESTHESIOLOGY	125,395		125,395	505,465			
44	RADIOLOGY-DIAGNOSTIC	2,552,075		2,552,075	10,893,061			
49	LABORATORY	2,117,461		2,117,461	11,541,547			
49	RESPIRATORY THERAPY	1,248,837	21,923	1,270,760	1,895,242			
49	01 SLEEP DISORDERS	2,036,796		2,036,796	6,237,376			
49	02 GERIATRIC PSYCH	258,882		258,882	250,248			
50	PHYSICAL THERAPY	572,708		572,708	1,194,920			
55	MEDICAL SUPPLIES CHARGED	633,105		633,105	3,843,613			
56	DRUGS CHARGED TO PATIENTS	1,232,424		1,232,424	2,959,209			
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY	2,371,930	142,962	2,514,892	4,453,094			
	OBSERVATION BEDS (NON-DIS	801,762		801,762	556,445			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	17,196,949	164,885	17,361,834	52,250,320			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.456061		.456061		
38	RECOVERY ROOM	.222865		.222865		
40	ANESTHESIOLOGY	.248079		.248079		
41	RADIOLOGY-DIAGNOSTIC	.234284		.234284		
44	LABORATORY	.183464		.183464		
49	RESPIRATORY THERAPY	.658933		.658933		
49 01	SLEEP DISORDERS	.326547		.326547		
49 02	GERIATRIC PSYCH	1.034502		1.034502		
50	PHYSICAL THERAPY	.479286		.479286		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.164716		.164716		
56	DRUGS CHARGED TO PATIENTS	.416471		.416471		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.532648		.532648		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.440865		1.440865		
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,856,933			
38	RECOVERY ROOM		703,811			
40	ANESTHESIOLOGY		148,462			
41	RADIOLOGY-DIAGNOSTIC		3,561,693			
44	LABORATORY		3,820,632			
49	RESPIRATORY THERAPY		667,557			
49 01	SLEEP DISORDERS		1,613,626			
49 02	GERIATRIC PSYCH		242,271			
50	PHYSICAL THERAPY		361,474			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,005,622			
56	DRUGS CHARGED TO PATIENTS		451,186			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,480,421			
62	OBSERVATION BEDS (NON-DISTINCT PART)		396,754			
101	SUBTOTAL		16,310,442			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		16,310,442			

TITLE XVIII, PART B

HOSPITAL

All Other

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	846,875		
38 RECOVERY ROOM	156,855		
40 ANESTHESIOLOGY	36,830		
41 RADIOLOGY-DIAGNOSTIC	834,448		
44 LABORATORY	700,948		
49 RESPIRATORY THERAPY	439,875		
49 01 SLEEP DISORDERS	526,925		
49 02 GERIATRIC PSYCH	250,630		
50 PHYSICAL THERAPY	173,249		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	165,642		
56 DRUGS CHARGED TO PATIENTS	187,906		
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	788,543		
62 OBSERVATION BEDS (NON-DISTINCT PART)	571,669		
101 SUBTOTAL	5,680,395		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	5,680,395		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,244
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,244
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,244
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,709
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,826,503
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,826,503

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,849,074
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,849,074
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.045051
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	671.32
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,826,503

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,372.88
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,719,132
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,719,132

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,672,098
49 TOTAL PROGRAM INPATIENT COSTS					5,391,230

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,079,025	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.456061	265,292	120,989
38	RECOVERY ROOM	.222865	73,284	16,332
40	ANESTHESIOLOGY	.248079	40,941	10,157
41	RADIOLOGY-DIAGNOSTIC	.234284	974,118	228,220
44	LABORATORY	.183464	1,411,640	258,985
49	RESPIRATORY THERAPY	.658933	486,363	320,481
49 01	SLEEP DISORDERS	.326547		
49 02	GERIATRIC PSYCH	1.034502		
50	PHYSICAL THERAPY	.479286	76,710	36,766
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.164716	788,949	129,953
56	DRUGS CHARGED TO PATIENTS	.416471	1,305,575	543,734
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.532648	1,823	971
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.440865	3,824	5,510
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,428,519	1,672,098
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,428,519	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,680,395
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,680,395

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,737,199
20	17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

21	CAH DEDUCTIBLES	40,230
22	18.01 CAH ACTUAL BILLED COINSURANCE	2,506,702
23	LINE 17.01 (SEE INSTRUCTIONS)	
24	SUBTOTAL (SEE INSTRUCTIONS)	3,190,267
25	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
26	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
27	ESRD DIRECT MEDICAL EDUCATION COSTS	
28	SUBTOTAL	3,190,267
29	PRIMARY PAYER PAYMENTS	1,193
30	SUBTOTAL	3,189,074

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

31	COMPOSITE RATE ESRD	
32	BAD DEBTS (SEE INSTRUCTIONS)	641,388
33	27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	641,388
34	27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
35	SUBTOTAL	3,830,462
36	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
37	OTHER ADJUSTMENTS (SPECIFY)	
38	30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
39	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
40	SUBTOTAL	3,830,462
41	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
42	INTERIM PAYMENTS	3,808,068
43	34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
44	BALANCE DUE PROVIDER/PROGRAM	22,394
45	36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
46	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		4,981,029 NONE		4,228,068 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02	2/29/2008		
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51		2/29/2008	420,000
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	202,000		-420,000
4 TOTAL INTERIM PAYMENTS		5,183,029		3,808,068
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON:

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A
1

PART B
2

- 1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)
- 2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)
- 3 ANCILLARY SERVICES (SEE INSTRUCTIONS)
- 4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED
TEACHING PROGRAM (SEE INSTRUCTIONS)
- 5 PROGRAM DAYS
- 6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM
(SEE INSTRUCTIONS)
- 7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL
METHOD ONLY
- 8 SUBTOTAL
- 9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)
- 10 SUBTOTAL
- 11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS
APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)
- 12 SUBTOTAL
- 13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER
RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN
PROFESSIONAL SERVICES)
- 14 80% OF PART B COSTS
- 15 SUBTOTAL
- 16 OTHER ADJUSTMENTS (SPECIFY)
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
(SEE INSTRUCTIONS)
- 18 TOTAL
- 19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 20 INTERIM PAYMENTS
- 20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 21 BALANCE DUE PROVIDER/PROGRAM
- 22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	5,391,230
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,391,230
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,445,142
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,445,142
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	492,470
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,952,672
23	COINSURANCE	992
24	SUBTOTAL	4,951,680
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	118,251
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	118,251
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	5,069,931
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	5,069,931
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	5,183,029
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-113,098
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	676,015			
2	TEMPORARY INVESTMENTS	15			
3	NOTES RECEIVABLE	208,481			
4	ACCOUNTS RECEIVABLE	15,982,817			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,866,992			
7	INVENTORY	318,049			
8	PREPAID EXPENSES	79,309			
9	OTHER CURRENT ASSETS	798,896			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,196,590			
FIXED ASSETS					
12	LAND	148,117			
12.01					
13	LAND IMPROVEMENTS	626,159			
13.01	LESS ACCUMULATED DEPRECIATION	-255,808			
14	BUILDINGS	8,930,749			
14.01	LESS ACCUMULATED DEPRECIATION	-3,419,587			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	23,409			
17.01	LESS ACCUMULATED DEPRECIATION	-1,951			
18	MAJOR MOVABLE EQUIPMENT	7,733,739			
18.01	LESS ACCUMULATED DEPRECIATION	-3,852,035			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,980,082			
21	TOTAL FIXED ASSETS	11,912,874			
OTHER ASSETS					
22	INVESTMENTS	11,294,045			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	74,412			
26	TOTAL OTHER ASSETS	11,368,457			
27	TOTAL ASSETS	30,477,921			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	934,145			
29 SALARIES, WAGES & FEES PAYABLE	1,233,675			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	178,345			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	735,638			
35 OTHER CURRENT LIABILITIES	637,677			
36 TOTAL CURRENT LIABILITIES	3,719,480			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	5,294,330			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	633,228			
42 TOTAL LONG-TERM LIABILITIES	5,927,558			
43 TOTAL LIABILITIES	9,647,038			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	20,830,883			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	20,830,883			
52 TOTAL LIABILITIES AND FUND BALANCES	30,477,921			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
	3	4
1 FUND BALANCE AT BEGINNING	17,611,106	
2 OF PERIOD		
3 NET INCOME (LOSS)	3,219,777	
4 TOTAL	20,830,883	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL	20,830,883	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF	20,830,883	
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
	7	8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT	OUTPATIENT	TOTAL
		1	2	3
GENERAL INPATIENT ROUTINE CARE SERVICES				
1	00 HOSPITAL	2,895,151		2,895,151
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,895,151		2,895,151
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS				
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,895,151		2,895,151
17	00 ANCILLARY SERVICES	8,839,698	46,409,278	55,248,976
18	00 OUTPATIENT SERVICES			
24	00			
25	00 TOTAL PATIENT REVENUES	11,734,849	46,409,278	58,144,127

PART II-OPERATING EXPENSES

26	00 OPERATING EXPENSES		21,137,863	
ADD (SPECIFY)				
27	00			
28	00			
29	00			
30	00			
31	00			
32	00			
33	00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)				
34	00			
35	00			
36	00			
37	00			
38	00			
39	00 TOTAL DEDUCTIONS			
40	00 TOTAL OPERATING EXPENSES		21,137,863	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	58,144,127
2	LESS: ALLOWANCES AND DISCOUNTS ON	31,880,508
3	NET PATIENT REVENUES	26,263,619
4	LESS: TOTAL OPERATING EXPENSES	21,137,863
5	NET INCOME FROM SERVICE TO PATIENT	5,125,756
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	36,983
7	INCOME FROM INVESTMENTS	807,701
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	1,739
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	46,676
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	2,230
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	23,090
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	6,419
22	RENTAL OF HOSPITAL SPACE	10,363
23	GOVERNMENTAL APPROPRIATIONS	
24	GRANTS, MISCELLANEOUS, AFFILIATES	548,413
25	TOTAL OTHER INCOME	1,483,614
26	TOTAL	6,609,370
	OTHER EXPENSES	
27	CORPORATE ALLOCATION	3,295,762
28	LOSS ON DISPOSAL OF EQUIPMENT	93,831
29		
30	TOTAL OTHER EXPENSES	3,389,593
31	NET INCOME (OR LOSS) FOR THE PERIO	3,219,777